



SCHOLARSHIP PROGRAM APPLICATION

The Scholarship Program provides Burbank residents, who are in need of financial assistance, the opportunity to engage in recreational activities.

SCHOLARSHIPS:

- Awarded on a first-come, first-serve basis and are non-transferable.
- Limited by available space, as funding is available.
- Allowance of **\$200** per eligible individual per calendar year.
- May not cover **100%** of activity cost, and does not cover materials fees for classes.
- Applicants are required to meet all registration requirements related to the requested activity.
- Incomplete applications will not be accepted.

QUALIFICATIONS:

- Burbank Resident
- 18 years or under (if 18, must still be enrolled in High School)
- 55 years or older
- Gross annual household income may not exceed the Housing and Urban Development (HUD) guidelines:

Household Size	Income	Household Size	Income
1	\$36,480	5	\$56,280
2	\$41,700	6	\$60,420
3	\$46,920	7	\$64,620
4	\$52,080	8	\$68,760

ELIGIBLE PROGRAMS:

- Day camps, recreational classes, sports programs, swim and skate park activities, and older adult trips/classes.

INELIGIBLE PROGRAMS:

- Include but are not limited to: special event admissions, Starlight Bowl concerts, daily facility admissions, Burbank Senior Activity Card, Afterschool Daze Program, class material fees, Go Party, facility rentals, and any activity costing less than **\$10**.

SUPPLEMENTALS:

Please provide the following verification documents:

✓	Proof of Residency	Copy of current utility bill (gas, Burbank Water & Power, telephone) dated within two months of application filing date. <i>Driver's License not accepted.</i>
✓	Proof of Household	Copy of State or Federal Program document that indicates household size <u>or</u> copy of birth certificate or government-issued document for each dependent.
✓	Proof of Age	Driver's license or birth certificate.
✓	Proof of Income (2 Requirements)	Copy of most recent Tax Return for wage earners living in household <u>and</u> copy of last two paycheck stubs for wage earners living in household <u>and, if applicable</u> , provides verification of welfare, State disability, or unemployment.

Submit completed applications and required verification documents
a minimum of two weeks before the start date of the requested activity to:

Burbank Parks and Recreation Department
Scholarship Program
150 North Third Street
Burbank, CA 91502

Should you have any questions regarding the application process, please contact **818.238.5175**.
Late applications may not be accepted.



City of Burbank
Parks and Recreation Department
APPLICATION FOR SCHOLARSHIP PROGRAM

Complete one form per participant. Completion of application does not guarantee approval.
Please Print

Date _____ Have you ever applied for a Parks and Recreation Scholarship? Y / N when?

Name of Applicant _____

Grade _____ School _____ Date of Birth _____ Gender M / F

Parent Name _____

Address _____ Zip _____

Home Phone _____ Cell Phone _____ Carrier _____
Cell phone provider

Email _____

RECREATIONAL ACTIVITY REQUEST

Please list information for class choices. If classes are not available, staff will contact for additional preferences.

	CLASS NAME	DAY	TIME	SITE	START DATE	FEE
First						
Second						
Third						

ACKNOWLEDGEMENT

The information provided is true and correct. Any falsification of information will be cause for immediate and automatic disqualification of any current and future scholarship program opportunities. I understand that the signature below affirms to the best of my knowledge that the above statement is true. (If under 18 years of age; parent/guardian signature required below).

Print Name _____ Signature _____

FOR OFFICE USE ONLY

Date Received	____/____/____	Income	\$	Verification	
Household Size		Tax Return	Y / N	Approved Amount	
Birth Certificate	Y / N	Pay Stubs	Y / N	Receipt #	
Staff Signature			Date		

Please allow two weeks from submission of application to be notified of scholarship acceptance.



Scholarship Program REGISTRATION FORM

City of Burbank Parks and Recreation Department

Completed registration form with required signatures must be submitted with scholarship application. **Application and registration form submittal does not guarantee approval of scholarship.**

Waiver

For and in consideration of my use of any City of Burbank facility and/or participation in any program, I hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death against the City of Burbank or any of its officers, agents, servants or employees, whether the same shall arise by the negligence of any of said persons, or otherwise, occurring to me as a result of the use of any City facility and/or participation in any City programs/activities incidental thereto wherever or however the same may occur and for whatever period said use and/or programs/activities may continue.

IT IS MY INTENTION BY SIGNING THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF BURBANK, ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I am fully aware of the risk and hazards inherent in my use of the City's facilities and/or participation in the City's programs/activities. I understand that serious accidents can occur during the use of the City's facilities and/or participation in the City's programs/activities and that participants can suffer serious injury or even death. I realize that NO MEDICAL INSURANCE IS PROVIDED BY THE CITY OF BURBANK FOR ANY INJURIES THAT MAY OCCUR TO ME DURING THE USE OF THE CITY'S FACILITIES AND/OR DURING PARTICIPATION IN THE CITY'S PROGRAMS/ACTIVITIES. Nevertheless, I hereby elect voluntarily to participate to use the City's facilities and/or participate in the City's programs/activities and assume all risk of loss, damage, or injury that may be sustained to me during the use of the City's facilities and/or during participation in the City's programs/activities, or any activities incidental thereto.

I agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the City of Burbank, or any of its officers, agents, servants, or employees as a result of my participation in the Event(s), I shall indemnify and save harmless the City of Burbank or any of its officers, agents, or employees from any and all such claims or causes of action by whomever or wherever made or presented.

I understand that this RELEASE, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT shall apply not only to me but also to my and/or their heirs, executors, administrators, next of kin, assigns, and successors.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING AND AM COMPLETELY AWARE OF THE POTENTIAL DANGERS INCIDENTAL TO MY USE OF CITY'S FACILITIES AND/OR PARTICIPATION IN CITY'S PROGRAMS/ACTIVITIES AND I AM FULLY AWARE OF THE LEGAL CONSEQUENCE OF SIGNING THIS INSTRUMENT.

I grant the City of Burbank permission to use my or my child(ren)s photographs and images, including but not limited to video images and sound recording, for the purpose of publicizing and marking City activities. I understand that no compensation shall be given for use of these photographs and that these images shall become the sole property of the City of Burbank.

Mandatory Signature



Date: _____

REGISTRATION WILL NOT BE PROCESSED UNLESS WAIVER IS SIGNED

Adult Payee Information *Please print and fill out completely.*

FirstName: _____ M.I.: _____ LastName: _____ BirthDate: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Cell (____) _____ Carrier: _____

Carrier required to receive text messages

email: _____

Participant Information *Please list separately each participant and all requested information.*

Name	Birth Date	M/F	Class Name	Day	Time	Site	Start Date	Fee
								\$
								\$
								\$
								\$
Total of Activity fees								\$

Submit scholarship application and registration form to:

City of Burbank
Parks and Recreation
Attn: Scholarship Program
150 North Third Street
Burbank, CA 91502

Please complete the information below if total amount for classes exceeds the \$150 scholarship.

☐ Cash ☐ Check #s _____ ☐ Money Order

☐ MasterCard ☐ Visa CC Security Code _____

_____ - _____ - _____ - _____

Cardholder Signature _____ Expiration: _____

OFFICE USE ONLY Date Received _____ Date Entered _____ Receipt # _____